

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43755

State File No.

FILED JAN 27 1941
Registration District No. 2783

Primary Registration District No. 6029

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town St. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Saline Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Saline Township (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM PONDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 4 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Coffman Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business _____

12. Name Lawrence Ponder 6

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mary Kellinger

15. Birthplace St. Genevieve Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Ponder

(b) Address Coffman Mo

17. (a) Burial (b) Date thereof Dec 10 - 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Prairie Mo

18. (a) Signature of funeral director Leo C. Bash

(b) Address St. Genevieve Mo

19. (a) 12/10 - 40 (b) Mrs. G. H. Boyd (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Disturbance of Heart

Due to (Verdict of jury)

Due to _____

Other conditions (include pregnancy within 3 months of death) 95 lb

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leo C. Bash (Specify type of place) (e) Means of injury _____

Address St. Genevieve Mo Date signed 12/8/40

JUL 12 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L. C. Bash....., Registered Apprentice No.....
working under my personal supervision.

Signed L. C. Bash.....

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.